

# Cork Children's Lifestyle Study – Child Questionnaire

Official use

C	C	L	S
---	---	---	---

--	--	--	--

S	C	H
---	---	---

--	--



## A. BACKGROUND INFORMATION

Please tick one box

A.1. Are you a boy or a girl: **SOURCE: SPEEDY**

☐ Boy

☐ Girl

A.2. How old are you?

--	--	--	--	--	--	--	--	--	--

**SOURCE: SPEEDY**

A.3. Do you have brothers or sisters? (GUI)

☐ Yes

☐ No

A.4. How would you describe your health? **SOURCE: DEVELOPED BY CCLaS RESEARCH TEAM**

☐ Excellent

☐ Fair

☐ Good

☐ Poor

A.5. How would you describe yourself? **SOURCE: GUI**

☐ Very skinny

☐ A bit overweight

☐ A bit skinny

☐ Very overweight

☐ Just the right size

## B. YOUR NEIGHBOURHOOD

B.1. Thinking about where you live...Do you **like** the area you live in? **SOURCE: LSAC**

☐ A lot

☐ Not very much

☐ Quite a lot

☐ Not at all

B.2. Is there a **playground or park** near where you live? **SOURCE: LSAC**

☐ Yes

☐ No

**B.3.** Are there places for children to **play safely** near your home? **SOURCE: LSAC**

☐ Yes ☐ No

**B.4.** Do you **feel safe** in your neighbourhood? **SOURCE: LSAC**

☐ Yes  
☐ Sometimes yes, sometimes no  
☐ No

**B.5.** Is there **a garden** at your family home? **SOURCE: DEVELOPED BY CCLaS RESEARCH TEAM**

☐ Yes ☐ No

**B.6.** How often do your friends play at **your home**? [Include relatives of your own age if you count them as friends]. **SOURCE: LSAC**

☐ A few times a week ☐ A few times a year  
☐ About once a week ☐ Never  
☐ About once a month

**B.7.** How often do you play at **your friend's homes**? [Include relatives of your own age if you count them as friends]. **SOURCE: LSAC**

☐ A few times a week ☐ A few times a year  
☐ About once a week ☐ Never  
☐ About once a month

## **C. FOOD AND DIET**

**C.1.** How many days per week do you eat **breakfast** before school? **SOURCE: GUI**

☐ Everyday ☐ Most days ☐ Never

**If you answered Everyday Skip to Question C.3.**

**C.2. If most days or never, what is the reason why you skip breakfast? [Please tick one box] SOURCE:**

**DEVELOPED BY CCLaS RESEARCH TEAM**

- ☐ I don't like breakfast
- ☐ No one in my family eats breakfast
- ☐ I don't have time in the morning to eat breakfast
- ☐ There are no breakfast foods in my house
- ☐ Other

**C.3. How often do you add salt to food while at the table? SOURCE: SLÁN**

- ☐ Everyday      ☐ Most days      ☐ Never

**C.4. What is your favourite snack?**

**SOURCE: CHASE**

**C.5. How often do you eat your favourite snack? SOURCE: DEVELOPED BY CCLaS RESEARCH TEAM**

- ☐ Everyday
- ☐ 1-3 times a week
- ☐ 4-6 times a week
- ☐ Less than once a week

**C.6. What is your favourite drink?**

**SOURCE: CHASE**

**C.7. How often do you drink your favourite drink? SOURCE: DEVELOPED BY CCLaS RESEARCH TEAM**

- ☐ Everyday
- ☐ 1-3 times a week
- ☐ 4-6 times a week
- ☐ Less than once a week

## D. SPORTS AND PHYSICAL ACTIVITY

### D.1. Physical activity in your spare time:

Have you done any of the following activities in the **past 7 days** [last week]? If yes, how many times? **[Please tick one box per row]** **SOURCE: PAC\_Q**

	No	1-2 times	3-4 times	5-6 times	7 times or more
Skipping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rowing/ canoeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tag (chasing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking for exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jogging or running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rounders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football (GAA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hurling/ camogie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rugby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judo/Taekwondo/Karate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (give name)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div></div>					
Other (give name)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div></div>					

**D.2.** In the **last 7 days**, how many physical education [PE] classes did you have? **SOURCE: DEVELOPED BY CCLAS RESEARCH TEAM**

- ☐ 0      ☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5 or more

**D.3.** In the **last 7 days**, during your physical education [PE] classes, **how often were you very active** [playing hard, running, jumping, throwing]? **[Please tick one box] SOURCE: PAC\_Q**

- ☐ I don't do PE      ☐ Quite often
- ☐ Hardly ever      ☐ Always
- ☐ Sometimes

**D.4.** In the **last 7 days**, what did you do most of the time at **morning break**? **[Please tick one box] SOURCE: PAC\_Q**

- ☐ Sat down (talking, reading, doing school work)
- ☐ Stood around or walked around
- ☐ Ran or played a little bit
- ☐ Ran around and played quite a bit
- ☐ Ran and played hard most of the time

**D.5.** In the **last 7 days**, what did you normally do at **lunch break** **[besides eating lunch]**? **[Please tick one box] SOURCE: PAC\_Q**

- ☐ Sat down (talking, reading, doing school work)
- ☐ Stood around or walked around
- ☐ Ran or played a little bit
- ☐ Ran around and played quite a bit
- ☐ Ran and played hard most of the time

**D.6.** In the **last 7 days**, on how many days **right after school**, did you do sports, dance, or play games in which you were very active? **[Please tick one box]** **SOURCE: PAC\_Q**

- ☐ None
- ☐ 1 time last week
- ☐ 2 or 3 times last week
- ☐ 4 times last week
- ☐ 5 times last week

**D.7.** In the **last 7 days**, on how many **evenings** did you do sports, dance, or play games in which you were very active? **[Please tick one box]** **SOURCE: PAC\_Q**

- ☐ None
- ☐ 1 time last week
- ☐ 2 or 3 times last week
- ☐ 4 or 5 times last week
- ☐ 6 or 7 times last week

**D.8.** On the **last weekend**, how many times did you do sports, dance, or play games in which you were very active? **[Please tick one box]** **SOURCE: PAC\_Q**

- ☐ None
- ☐ 1 time last week
- ☐ 2 or 3 times last week
- ☐ 4 or 5 times last week
- ☐ 6 or 7 times last week

**D.9.** Which one of the following describes you best for the last 7 days? [Physical things, e.g. played sports, went running, swimming, bike riding, did aerobics]. Read all five statements before deciding on the one answer that describes you. **[Please tick one box]** **SOURCE: PAC\_Q**

- ☐ All or most of my time was spent doing things that involve little physical effort
- ☐ I sometimes (1-2 times) did physical things in my free time
- ☐ I often (3-4 times) did physical things in my free time
- ☐ I quite often (5-6 times) did physical things in my free time
- ☐ I very often (7 or more times) did physical things in my free time

**D.10.** Mark how often you did physical activity [like playing sports, games, doing dance, or any other physical activity] for each day last week. **SOURCE: PAC\_Q**

	None	Little bit	Medium	Often	Very often
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D.11.** Were you sick last week, or did anything prevent you from doing your normal physical activities? **[Please tick one box]** **SOURCE: PAC\_Q**

☐ Yes

☐ No

☐ If yes what prevented you

## E. HOBBIES, ACTIVITIES & PETS

**E.1.** Which of the following things do you have at home? [Please place a tick in the box for each thing you have at home. Leave the box empty for things you don't have.] **SOURCE: SPEEDY**

- ☐ More than one car [or van]
- ☐ A home computer
- ☐ A games console [such as Xbox, Playstation]
- ☐ An active games console [such as Nintendo Wii]

**E.2.** Do you have any of these in your bedroom? [Please place a tick in the box for each thing you have in your bedroom. Leave the box empty for things you don't have.] **SOURCE: SPEEDY**

- ☐ A television
- ☐ A DVD or video player
- ☐ A home computer
- ☐ A games console [such as an Xbox or Playstation]
- ☐ An active games console [such as Nintendo Wii]
- ☐ None of these

**E.3.** How often do you play computers and games console (such as Xbox, PlayStation)? [Please select one answer] **SOURCE: DEVELOPED BY CCLaS RESEARCH TEAM**

- ☐ Never
- ☐ 1 - 2 days per week
- ☐ 3 - 4 days per week
- ☐ Nearly everyday



E.4. How often do you play the active games console [such as Nintendo Wii]? **SOURCE: DEVELOPED BY CCLaS**

**RESEARCH TEAM**

- ☐ Never
- ☐ 1 - 2 days per week
- ☐ 3 - 4 days per week
- ☐ Nearly everyday

E.5. How much time do you spend watching television each day? **SOURCE: DEVELOPED BY CCLaS RESEARCH**

**TEAM**

- ☐ None
- ☐ Less than one hour
- ☐ Between 1 and 3 hours
- ☐ Between 3 and 5 hours
- ☐ Over 5 hours

E.6. How often do you get homework? **SOURCE: GUI**

- ☐ Never
- ☐ 1 - 2 days per week
- ☐ 3 - 4 days per week
- ☐ Almost everyday

E.7. How much time do you spend doing homework each day? **SOURCE: DEVELOPED BY CCLaS RESEARCH**

**TEAM**

- ☐ None
- ☐ Less than one hour
- ☐ Between 1 and 3 hours
- ☐ Between 3 and 5 hours
- ☐ Over 5 hours

E.8. What is your favourite hobby or activity? **SOURCE: GUI**

E.9. Is there a pet in your family? **SOURCE: GUI**

☐ Yes

☐ No

E.10. If yes, what pets do you have? [Tick all that apply] **SOURCE: GUI**

☐ Cat

☐ Dog

☐ Goldfish

☐ Rabbit

☐ Other [Please write down]

E.11. If your family has a dog, do you walk the dog? **SOURCE: DEVELOPED BY CCLaS RESEARCH TEAM**

☐ Yes

☐ Sometimes

☐ No

**Thanks for all your help!**